



Attorney's Docket No.: 5577-224/RSW920000154-US1

**PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Devine, et al.

Serial No.: 09/773,437

Filed: January 31, 2001

For: METHODS, SYSTEMS AND COMPUTER PROGRAM PRODUCTS FOR  
RESUMING SNA APPLICATION-CLIENT COMMUNICATIONS AFTER LOSS OF AN IP  
NETWORK CONNECTION

Confirmation No. 8019

Group Art Unit: 2142

Examiner: Michael D. Meucci

Date: January 6, 2006

**MAIL STOP Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

**Certificate of Mailing under 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 6, 2006.

*Michele P. McMahan*  
Michele P. McMahan

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	13	23	= 0	x 25=	\$	x 50=	\$ .00
Indep	5	3	= 2	x100=	\$	x200=	\$ 400.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				Total Add. Fee \$		OR Total	\$ .400.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Attorney Docket No.: RSW92000154US1  
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- ☒ Please charge my Deposit Account No. 09-0461 in the amount of \$400 for additional claims.
- ☐ A check in the amount to cover additional claims is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 09-0461.

Respectfully submitted,



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TFW 2142  
\$  
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*Michele P. McMahan*  
Michele P. McMahan

**AMENDMENT**

Sir:

Applicants provide the present *Amendment* in response to the Office Action mailed November 4, 2005.

It is not believed that an extension of time and/or additional fee(s) – including fees for net addition of claims – are required, beyond those that may otherwise be provided for in documents accompanying this paper. In the event, however, that an extension of time is necessary to allow consideration of this paper, such an extension is hereby petitioned under 37 C.F.R. §1.136(a). Any additional fees believed to be due in connection with this paper may be charged to our Deposit Account No. 09-0461.

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